

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00571703			
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y / / /			
Full Name of Payee Main Street Media			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2016			
Mailing Address P.O. Box 25093			Amount 625093.83			
City State Zip Code Alexandria VA 22313		Transaction ID : SE1 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2016				
Purpose of Expenditure TV/Media Placement		Category/ Type				
Name of Federal Candidate McGinty, Kathleen, Alana, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought			15297059.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination			
Mailing Address			M M M / D D D / Y Y Y Y Y Y			
City State Zip Code			Amount			
Purpose of Expenditure			Date of Disbursement or Obligation			
Category/ Type			M M M / D D D / Y Y Y Y Y Y			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought					Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			625093.83			
(b) SUBTOTAL of Unitemized Independent Expenditures ▶						
(c) TOTAL Independent Expenditures..... ▶			625093.83			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Crosby, Caleb, , ,			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2016	
Signature						